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MEMORANDUM

TO: First Steps Providers and Stakeholders
FROM: Kirsten Hammock, Part C Coordinator
DATE: June 25, 2007
RE: First Steps Update

I am sorry that we were unable to get you a First Steps Update last Friday. I will try and catch up this week with an update today and another on Friday.

Part C Determination

As required by sections 616(b)(1)(A) and 642 of the Individuals with Disabilities Education Act (IDEA), each State must have in place a State Performance Plan (SPP) that evaluates the State's efforts to implement the requirements and purposes of Parts B and C of the IDEA, and describes how the State will improve its implementation. Section 616(b)(2) requires that the State report annually to the Secretary (of the U.S. Department of Education) on its performance under the State Performance Plans for Parts B and C of the IDEA. Specifically, the State must report, in its Annual Performance Report (APR), on its progress in meeting the measurable and rigorous targets it established in its SPP.

Section 616(d) requires that the Department review the APR each year. Based on the information provided in the State's APR, information obtained through monitoring visits, and any other public information, the Department will determine if the State: Meets Requirements; Needs Assistance; Needs Intervention; or Needs Substantial Intervention.

The U.S. Department of Education, Office of Special Education Programs (OSEP) has determined that Kentucky **needs intervention** in meeting the requirements of Part C of the IDEA. This determination was primarily influenced by Kentucky's inability to demonstrate compliance with Indicator 8A, which requires states to report the percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including : A. IFSPs with transition steps and services. Additional factors in OSEP's determination are Kentucky's FFY 2005 data reflecting that only 61% of initial evaluations (and IFSPs) were completed within the 45 day timeline and only 75% of noncompliance was corrected within one year of identification.

The next Annual Performance Report to OSEP is due February 1, 2008. That report will cover Federal Fiscal Year (FFY) 2006 (July 1, 2006 through June 30, 2007). In order to demonstrate compliance with Indicator 8A, it will be necessary to review the IFSPs of children who exited the program between July 1, 2006 and June 30, 2007. We will be enlisting our Program Evaluators to assist with this effort in the coming months. Points of Entry (POEs) and Primary Service Coordinators (PSCs) should be prepared to assist the Program Evaluators in accessing selected records upon request.

In addition to the concerns listed above, OSEP has expressed concern with Kentucky's inability to demonstrate adequate general supervision and oversight of the Part C Early Intervention program. This is evidenced by a failure to demonstrate compliance with key performance indicators related to timely service planning, timely service provision and transition. Kentucky's Annual Performance Report (APR) listed a series of Improvement Activities that the state is undertaking to address compliance concerns. If you have not had an opportunity to review Kentucky's APR, you can do so via the First Steps website (<http://chfs.ky.gov/dph/firststeps.htm>).

Screening, Evaluation and Assessment

Central Office continues to work on the Q & A from the June 11th training. It is my hope that we will be able to distribute that with the First Steps Update this Friday.

The March 26, 2007 memo from Ruth Ann Shepherd, M.D., requests that on an ongoing basis, providers copy and send to the POE assessment instrument protocols completed on all eligible children. Work of the Evaluation and Assessment Workgroup and a review of the assessment protocols submitted to date have allowed us to limit our request for data. **Beginning immediately, providers should submit to the POE protocols for the following assessment instruments only: the Assessment, Evaluation and Programming System (AEPS), the Carolina Curriculum for Infants and Toddlers with Special Needs, the Early Learning Accomplishment Profile (E-LAP), or the Hawaii Early Learning Profile (HELP).**

A proposed policy addendum will be issued shortly that will outline how the state intends to obtain status and progress data for each child in First Steps.

Part C Regulations

In case you haven't had a moment in your schedule to review the proposed Part C regulations, I thought I would give you a couple of items that may be of particular interest to you. The U.S. Department of Education is proposing:

- a new starting point for the 45 day timeline (from the point of "referral" to the point at which the parent gives consent);
- a deletion of the 2 working day requirement for primary referral sources to refer to the Part C Early Intervention Services System;
- a deletion of "nursing services" and "nutrition services" from types of services;
- a change to the definition of multidisciplinary to include "one individual who is qualified in more than one discipline or profession";
- a change to the definition of "evaluation" and "assessment";

- a requirement that states ensure that informed clinical opinion may be used by qualified personnel to establish a child's eligibility even when other instruments do not establish eligibility;
- a requirement that states obtain parental consent prior to using their public insurance (i.e. Medicaid).

These are just some of the changes being proposed. If you would like to review a detailed side-by-side comparison of the current regulations and the proposed regulations, you can visit the NECTAC website (www.nectac.org). A link to the "DEC-ITCA-CEC Side-By-Side" comparison document is on the right side under Announcements.

NPI

As you are likely aware, the Centers for Medicare and Medicaid Services (CMS) has developed the National Provider Identifier (NPI) which will be the standard unique identifier for each health care provider. The NPI is based on information collected by CMS and will be unique to you and follow you through your career as a health care professional.

First Steps Central Office notified providers of the necessity of obtaining a NPI some time ago. The First Steps website contains a memo with information regarding the NPI and links to assist you in obtaining one. The deadline for implementing use of the NPI was May 23, 2007.

I wanted to pass along some information that I received from Illinois. The Illinois Developmental Therapy Association was able to get the National Uniform Code Committee to issue a national DT taxonomy code. It falls under the category of "Respiratory, Developmental, Rehabilitative and Restorative Services", Developmental Therapist. The DT taxonomy code is 222Q00000X. To review the definition, you can visit the following web link:

http://codelists.wpc-edi.com/mambo_taxonomy_2.asp. Once there, select "Individual or Group (of Individuals)". That will give you a drop down table. Next to the category "Respiratory, Developmental, Rehabilitative and Restorative Service Providers" is the word [more] in brackets. Click on [more] for the definition.

I also wanted to share some information that we received from the Department for Medicaid Services: CMS is encouraging providers to check out the accuracy of information they submitted when obtaining their NPI. Certain information will be placed on the CMS website for agencies to download as verification of NPI's, so now is the time to change any errors. CMS will be placing information like name, city, specialty, etc., on the web, but no identifying information other than what one might see from any licensure board. However, if someone put their SSN in the wrong field that could go on the web because CMS is pulling from certain fields and will not be spot checking. Providers will need to use a NPI for insurance purposes so they need to make sure all their information is correct.

The site we were provided is:

www.cms.hhs.gov/NationalProvIdentStand/